

Reporting Period:
Calendar Year 2003

Profile of Women's Healthcare in Medicaid Managed Care

The Wisconsin Department of Health and Family Services, Division of Health Care Financing, as the administrator of the Wisconsin Medicaid program, functions as a purchaser of health care services for a significant portion of Wisconsin women. In the managed care environment, the Division contracts with health maintenance organizations (HMOs) to provide preventive screening services, as well as routine health care services for eligible female enrollees. Monitoring the level of services delivered by each HMO provides the Division with an estimate of enrollee access to needed services, and provides the HMOs with information that permits targeting of resources to reach population(s) that may not have optimal service utilization. This health profile is one component of the overall monitoring system.

Two of the three services comprising this profile are screening services, mammography and cervical cancer screening. The third service, evaluation of maternity care, includes an analysis of voluntary HIV testing and the incidence of births by Cesarean section. Together the provided services constitute a profile of each managed care organization's ability to provide needed services to women through primary care and specialty care providers.

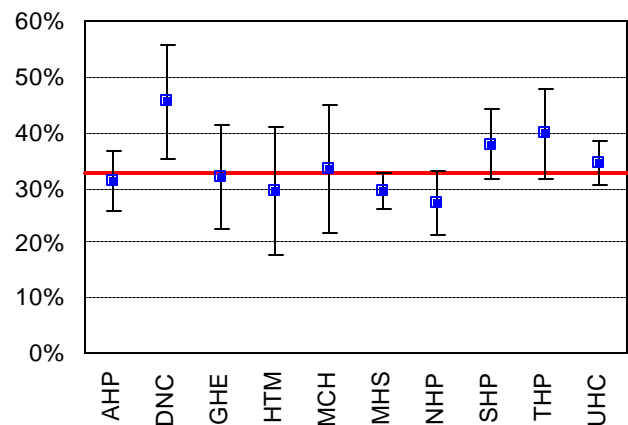
HMO-submitted encounter data serves as the basis for this profile. Parameters for measurement are specified in the Medicaid Encounter Data Driven Improvement Core Measure Set (MEDDIC-MS)¹. In the charts that follow, the 13 participating Medicaid HMOs are represented by a three letter abbreviation. A key containing the HMO abbreviations and names is located on page 2.

Screening for Health

Screening mammography is recommended every two years for women ages 40-49, and annually thereafter by the American College of Obstetricians and Gynecologists. The aim of screening mammography is early cancer detection, resulting in earlier treatment and improved outcomes.

Chart 1 compares the HMO's percentage of women age 50+ who received screening mammography in calendar year (CY) 2003. Three participating HMOs had less than 30 enrollees meeting the MEDDIC-MS denominator criteria; their individual results are not shown. The mean percentage for all HMOs is 32.6%. (No difference statistically from the CY 2002 percentage of 32.7%.) All but one HMO (DNC) have percentages that are statistically indistinguishable from the all HMO mean.

Chart 1: Mammograms for Women Age 50+ (CY 2003)



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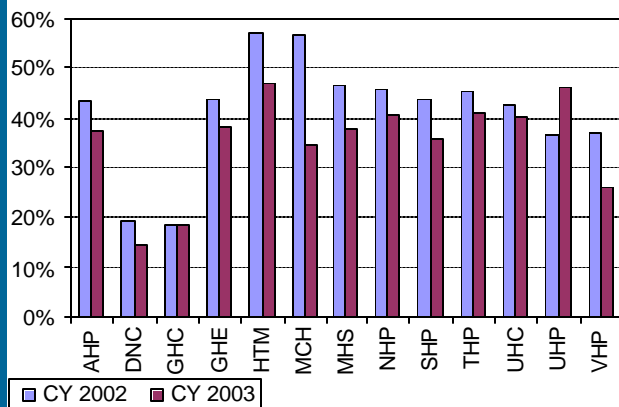
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¹ The MEDDIC-MS measure specifications are available from the Bureau of Managed Health Care Programs in the Division.

² It is important to note that across all HMOs, only 2488 women meet the MEDDIC-MS denominator criteria for the 50+ age group.

**Chart 2: Pap Tests for Women Aged 18-65
(CY 2002 and CY 2003)**

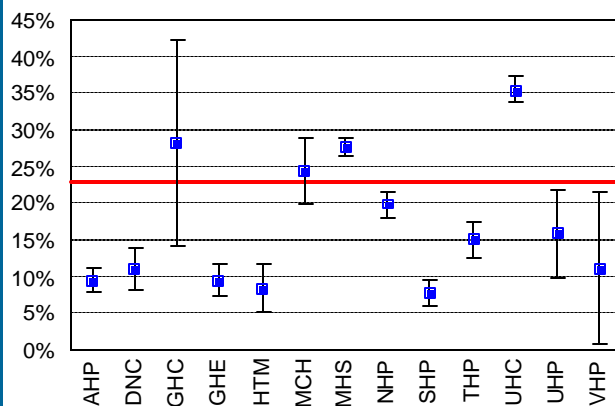


Screening for Health, continued

Cervical cancer screening is recommended annually for women beginning with sexual activity, or at age 18 years. After three consecutive annual exams with normal findings, testing may be performed less frequently at the judgment of the woman's health care professional. The goal of the screening is the early diagnosis of pre-invasive cervical lesions, resulting in earlier treatment and a decrease in the number of deaths from invasive cervical cancer.

Chart 2 compares the HMO's percentage of women aged 18-65 who received a Pap test in CY 2002 and CY 2003. The mean percentage for all HMOs in CY 2003 is 37.6%, a statistically significant decrease from 43.9% in CY 2002. Ten HMOs showed statistically significant declines in percentages, two (GHC and VHP) are statistically indistinguishable between years, and one (UHP) showed a statistically significant increase.

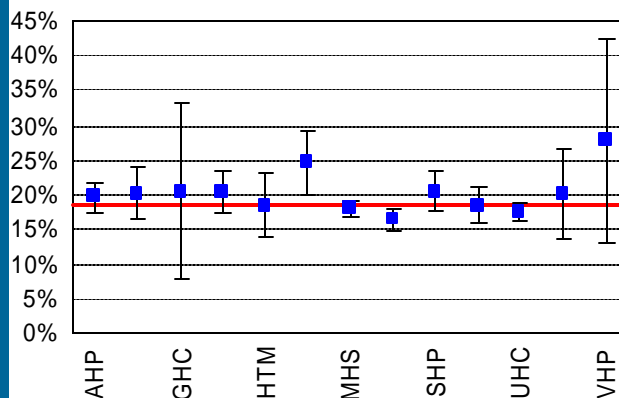
**Chart 3: HIV Tests
(CY 2003)**



Maternal Health

To prevent HIV transmission from mother to baby, it is important to know if a pregnant woman is HIV positive. Chart 3 shows the percentage of pregnant women in Medicaid HMOs (who had live births during 2003) who voluntarily had an HIV test during 2003. The mean percentage for all HMOs is 22.7%, a statistically significant increase from 20% in CY 2002. Most HMOs (9 of 13) are statistically below the all HMO mean. The two HMOs above the all HMO mean (MHS and UHC) have service areas concentrated in the greater Milwaukee area. This important information is critical in prevention of transmission of HIV to the newborn.

**Chart 4: C-Sections as Percent of Live Births
(CY 2003)**



C-section births have been rising on a national basis. After declines between 1989 and 1996, the total cesarean rate and the primary cesarean rate (i.e. the percentage of cesareans among women with no previous cesarean delivery; 19.1% nationally in 2003) have increased each year. Preliminary data for 2003 indicate that 27.6% of all births in the United States resulted from Cesarean deliveries, an increase of 6% from 2002 and the highest percentage ever reported in the US.³ Chart 4 shows the percentage of live births that were C-sections for each HMO. The mean percentage for all HMOs is 18.4%, a statistically significant increase from 17.2% in CY 2002. One HMO (MCH) is statistically above the all HMO mean and one HMO (NHP) is statistically below the all HMO mean. All other HMOs shown on the chart have percentages that are statistically indistinguishable from the all HMO mean.

HMO Abbreviations and Names

AHP—Atrium Health Plan	NHP—Network Health Plan
DNC—Dean Health Plan	SHP—Security Health Plan
GHC—Group Health South Central	THP—Touchpoint Health Plan
GHE—Group Health Eau Claire	UHC—UnitedHealthcare
HTM—Health Tradition Health Plan	UHP—Unity Health Insurance
MCH—MercyCare Insurance	VHP—Valley Health Plan
MHS—Managed Health Services	

³ MMWR Vol 54(2), page 46. January 21, 2005.